HTE# 17-5-40630

Harnett County Department of Public Health

29171

Improvement Permit

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: &C2215 Tax SUBDIVISION QUART 61 EN EXPANSION Site Improvements required prior to Construction Authorization Issuance: Type of Structure: Proposed Wastewater System Type: Projected Daily Flow: _ **GPD** Number of bedrooms: Number of Occupants: Basement Yes Pump Required: ☐Yes ☐ No May be required based on final location and elevations of facilities ✓ Public ☐ Well Distance from well ______ feet Type of Water Supply:

Community Permit valid for: Permit conditions: ■ No expiration The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.. Construction Authorization (Required for Building Permit) The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958, and .1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance with the attached system layout. ISSUED TO: Curheiland Homes INC Facility Type: Expansion Basement Fixtures?

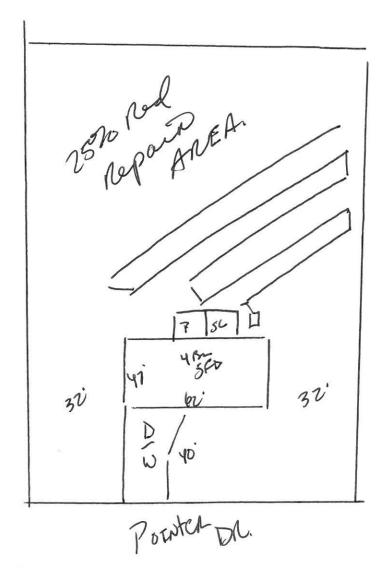
Yes Basement? Yes 25% 1220UTUD _____ (Initial) Wastewater Flow: <u>480</u> GPD Type of Wastewater System** (See note below, if applicable

) Installation Requirements/Conditions Septic Tank Size 1200 Exact length of each trench gallons Pump Tank Size /200 gallons Trenches shall be installed on contour at a (Maximum soil cover shall not exceed (Trench bottoms shall be level to +/-1/4" 36" above the trench bottom) in all directions) Pump Requirements: ft. TDH vs. GPM WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA. NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA. **If applicable: I understand the system type specified is different from the type specified on the application. I accept the specifications of this permit. Owner/Legal Representative Signature: This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construction Authorization shall not be transferred when there is a change in ownership of the site. This Construction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH Authorized State Agent: Construction Authorization Expiration Date: ____Z_-

Harnett County Department of Public Health Site Sketch

| 0 0 1 1 1 | PROPERTY LOCATON: SRZZIS A | ARRICHT CENTRAL RD |
|-----------------------------|----------------------------|--------------------|
| ISSUED TO: Cuntuland Horses | THE SUBDIVISION QUACIGO | LOT # 24 |
| Authorized State Agent. | 120 | 2-9-17 |

Follow Consultants Cayout.



Department of Environment, Health and Natural Resources Division of Environmental Health On-Site Wastewater Section Sheet: Property ID: Lot #: File #: Code:

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

| Owner: Applica | ant: Child | ated: 2-6-17 | | |
|--------------------------------------|-----------------|--------------------------|----------------|-------|
| Proposed Facility: | Design Flow | w (.1949)(1912) | Property Size: | |
| Location of Site: | Property Re | ecorded: | | |
| Water Supply: Evaluation Method: Aug | Public Individu | ual ☐ Well TPit ☐ Cut | ☐ Spring | Other |
| Type of Wastewater: | Sewage | Industrial Process | ☐ Mixed | |
| | | | | |

| Soil Morphology | Type o | of Wastewate | er: | Sewage | ☐ Industrial l | Process Mixed | | | |
|---------------------------------------------------------------------------|------------------|------------------------|-------|----------|----------------|----------------|-------------|-------|----|
| Texture Mineralogy Color Depth (IN.) Class Horiz & LTAR 1.2 24/2 0-18 51 | R O F I | Landscape Position/ | Depth | .1941 | .1941 | .1942 Soil | OFILE FACTO | .1956 | |
| | | 1 22 | | T . | 14. | 0.1 | | Class | |
| | 1.2 | C2 H2 | 0-18 | st | GAGNASWA | | 8 | | ē |
| | | | 10 42 | SC-CLAZ. | au 18918P | 34" Z-1 | | | .4 |
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| Description | Initial | Repair System | Other Factors (.1946): |
|-------------------------|---------|---------------|---------------------------------|
| | System | | Site Classification (.1948): >5 |
| Available Space (.1945) | | | Evaluated By: |
| System Type(s) | 25% | 255 | Others Present: |
| Site LTAR | 04 | .4 | |